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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	June 29, 2005
First Named Inventor	SUN et al.
Title	4-Nitro-2-...
Art Unit	
Examiner Name	
Attorney Docket Number	8231.015

I hereby appoint:

☒ Practitioners associated with the Customer Number:

28410

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name Zhuangrong SUN

Signature *Zhuangrong SUN*

Date

2005.7.26

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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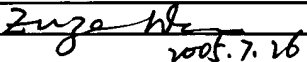
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## SIGNATURE of Applicant or Assignee of Record

Name

Zuze WU

Signature



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## SIGNATURE of Applicant or Assignee of Record

Name Zhongxiong TANG

Signature *Zhongxiong Tang*Date *July 7, 2005*

Telephone

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name	Aiquan LIU		
Signature	<i>Aiquan LIU</i>		
Date	2005.7.26	Telephone	

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐

Declaration  
Submitted  
With Initial  
Filing

OR

☒

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 8231.015

First Named Inventor SUN et al.

COMPLETE IF KNOWN

Application Number

Filing Date June 29, 2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**4-NITRO-2-[(4'-METHOXY)-PHENOXY]-METHANESULFONANILIDE DERIVATES AND  
THEIR PHARMACEUTICAL USE**

*(Title of the Invention)*

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

06/29/2005

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">28410</span>		<b>OR</b> <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Zhuangrong		Family Name or Surname SUN	
Inventor's Signature <i>Zhuangrong</i>			Date 2005.7.26
Residence: City Beijing	State Beijing	Country China	Citizenship China
Mailing Address c/o Institute of Radiation Medicine, Academy of Military Medical Sciences, PLA, No. 27, Taiping Road			
City Beijing	State	ZIP 100850	Country China
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Zuze		Family Name or Surname WU	
Inventor's Signature <i>Zuze</i>			Date 2005.7.26
Residence: City Beijing	State	Country China	Citizenship China
Mailing Address c/o Institute of Radiation Medicine, Academy of Military Medical Sciences, PLA, No. 27, Taiping Road			
City Beijing	State	ZIP 100850	Country China
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Zhongxiong		Tang	
Inventor's Signature <i>Zhongxiong</i>		Date <i>2005.7.26</i>	
Beijing Residence: City	State	CHINA Country	China Citizenship
c/o Institute of Radiation Medicine, Academy of Military Medical Sciences, PLA, No. 27, Taiping Road			
Mailing Address			
Beijing City	State	100850 Zip	China Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Aiquan		LIU	
Inventor's Signature <i>Aiquan</i>		Date <i>2005.7.26</i>	
Beijing Residence: City	State	China Country	CHINA Citizenship
c/o Institute of Radiation Medicine, Academy of Military Medical Sciences, PLA, No. 27, Taiping Road			
Mailing Address			
Beijing City	State	100850 Zip	China Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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